

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937529

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		10		1		
5		1				
6		1		1		
7		10		1		
8	1			1		
9		1		1		
10		10		1		
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12	1		1			
13		1		1		
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15		2		1		
16	1		1			
17		1		1		
18		2		1		
19		10		1		
20		1		1		
21	1		1			
22		1		1		
23		1		1		
24		3		1		
25		10		1		
26		10		1		
27		10		1		
28		10		1		
29		10		1		
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32		10		1		
33		10	Cancelled			
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TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		↓	28	↓		↓
TOTAL CLAIMS			32			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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